



WASHINGTON STATE
OFFICE OF MINORITY & WOMEN'S BUSINESS ENTERPRISES

Washington State Office of
Minority and Women's Business Enterprises
P.O. Box 41160
Olympia, Washington 98504-1160

CERTIFICATION APPLICATION STATE ONLY

A **NONREFUNDABLE** processing fee, payable to OMWBE, must be received in order to process this Application
(See attached fee schedule)

1. Date Business Started: _____
2. Washington State Business License number (UBI): _____
3. Contractor/Professional Business License number (If Applicable) _____
Date Expires: _____
4. Federal Tax Identification Number: _____
5. Legal _____ Business _____ Name: _____

6. Trade Name (DBA): _____
7. Business Location: _____
City: _____ State: _____ Zip + four: _____
County: _____ Telephone #1: () _____
Telephone #2: () _____ FAX #: () _____
E-Mail: _____ Website: _____
8. Contact Person: _____
Last Name First Name M.I.
9. Mailing Address (If different from business location): _____
City: _____ State: _____ Zip+four: _____

10. Has this business previously operated under another name?:

☐ Yes ☐ No

If Yes, complete the following information:

From / / To / /

Former Name:

Address:

City: State:

Zip:

11. This firm is applying for certification as a:

- ☐ **MBE** Minority Business Enterprise (owned and controlled by one or more minorities)
☐ **WBE** Women's Business Enterprise (owned and controlled by one or more non-minority women)
☐ **MWBE** Minority Women's Business Enterprise (owned and controlled by one or more minority women)
☐ **CBE** Combined Minority & Women's Business Enterprise (owned and controlled 50% by one or more minority male and 50% by one or more non-minority women)
☐ **SEDBE** Socially and Economically Disadvantaged Business Enterprise (owned and controlled by one or more socially and economically disadvantaged individuals, as determined on a case-by-case basis) **The SEDBE Personal Net Worth Statement and SEDBE Supplemental Form must also be completed with supporting documentation.**

12. Number of employees (including active owners) you currently have:

Number of Minorities: Number of Women:

13. What was the firm's average number of employees over the last 12 months (including active owners, part time, seasonal and temporary employees)?

14. Current legal structure of firm:

☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Sole Proprietorship

15. Prior legal structure of firm if different:

☐ Sole Proprietorship ☐ Limited Partnership ☐ Limited Liability Company
☐ Corporation ☐ General Partnership

16. Gross receipts (sales) for the last three business years. Show total receipts from the public and private sector. **Provide copies of supporting federal tax returns.**

Year Ending:	Public	Private	Total
20 <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
20 <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

17. Contract size firm is capable of performing:

☐ Up to \$5,000 ☐ Up to \$10,000 ☐ Up to \$50,000
☐ Up to \$100,000 ☐ Up to \$500,000 ☐ More than \$500,000

18. List 3 contracts the business has performed, is performing or has bid during the last 12 months:

Job or Project	Name & Phone # of Contact Person (prime contractor or awarding authority)
_____	_____
_____	_____
_____	_____

19. Indicate by a check mark the government jurisdictions with which you intend to do business:

<input type="checkbox"/> City of Seattle	<input type="checkbox"/> King County	<input type="checkbox"/> Port of Tacoma
<input type="checkbox"/> City of Spokane	<input type="checkbox"/> Pierce County	<input type="checkbox"/> METRO
<input type="checkbox"/> City of Tacoma	<input type="checkbox"/> Port of Seattle	<input type="checkbox"/> State agencies and educational institutions
<input type="checkbox"/> Other(s) (Be specific) _____		

20. Geographical area where the firm wants to do business in Washington:

City or Cities: _____ Washington State: _____

County or Counties: _____ Western Washington: _____

Other: _____ Eastern Washington: _____

21. Describe the primary activities of this business. Be precise: _____

22. Type of business this is:

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Manufacturer's Representative	<input type="checkbox"/> Distributor
<input type="checkbox"/> Contractor	<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Retailer
<input type="checkbox"/> Consultant	<input type="checkbox"/> Franchise	<input type="checkbox"/> Broker
<input type="checkbox"/> Affiliate	<input type="checkbox"/> Service	
<input type="checkbox"/> Other: _____		

23. Is this business organized for profit?: ☐ Yes ☐ No

24. Provide current total value of the firm's assets: \$ _____

25. Has this firm or its owners previously applied to this office for certification under another name?: No ☐ Yes ☐

If Yes, under what name: _____

26. Is this firm 8(a) certified?: ☐ Yes ☐ No If yes, provide a copy of the 8(a) certification letter.

27. Has this firm or its owners ever applied to other states for certification?:

☐ Yes ☐ No If Yes, provide the following:

State	Agency	Date/Year	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Explain "Yes" answers in detail: _____

- | | 1 | 2 | 3 |
|------------------------------|---|---|---|
| Type of equipment or vehicle | | | |
| Year & make of vehicle | | | |
| Location | | | |
| Approximate value | | | |
| License and serial # | | | |
| Type of interest | | | |
| (own, lease or loan) | | | |
| Lessor | | | |
| If less than 100% | | | |
| who owns remainder | | | |
| of interest? | | | |

36. Is this business activity bonded?: ☐ Yes ☐ No If Yes, complete the following:

Bonding Co. Name & Address: _____

Maximum Bonding Capacity: \$ _____

Person responsible for signing bond: _____

OWNERSHIP INFORMATION SECTION

This section must be completed by each person who has an ownership interest in this firm, whether or not they are actively involved in the business. Please make enough copies of this section for all owners to complete.

37. Owner's Name: _____
Resident Address: _____ City: _____ State: _____ Zip: _____
Telephone #:(_____) _____

38. Owner's race or socially and economically disadvantaged status:
____ AFRICAN/BLACK AMERICANS (Having origins in any of the Black racial groups of Africa)
____ HISPANIC AMERICANS (Of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish or other Spanish or Portuguese culture or origin, regardless of race)
____ NATIVE AMERICANS (Having origins in any of the original peoples of North America)
____ ASIAN-PACIFIC AMERICANS (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands)
____ CAUCASIAN
____ OTHER (Indicate): _____

39. Owner's Birthplace: _____ Date of Birth: _____ Citizenship: _____
City _____ / / _____ U.S. Citizen
State _____ Permanent Resident
Country _____ Other: _____

40. Owner's Occupation: _____ Employer: _____
Employer's Telephone #:(_____) _____

41. Ownership is: ____ Community Property ____ Separate Property ____ Joint Property

42. How did the owner(s) acquire this business?:
____ Started the business myself (ourselves) ____ It was a gift from: _____
____ It was a condition of a divorce settlement ____ I (we) bought it from: _____
____ It was a condition of a separation agreement ____ I inherited it from: _____
____ Other (Explain): _____

43. Was ownership interest secured under a purchase agreement, loan or promissory note?:
____ Yes ____ No (If yes, provide documentation.)

44. Does the owner have any stock options or other ownership options?:
____ Yes ____ No (If yes, provide documentation.)

45. Are there any loans to the applicant business from?:
____ Owners to the Business ____ Business to the Owners
____ Financial Institution to Individual
Explain answers and provide documentation _____

46. Of the total resources contributed to the start-up of this business, what percentage did this owner contribute in each of the following areas?:
Capital ____% Equipment/vehicles ____% Expertise ____%
(Total contributions from all owners combined must add up to 100% in each area)

47. When did this owner's ownership interest in this firm begin?: ____/____/____

48. What is this owner's percentage of ownership in this firm?: ____%

49. What is the owner's current marital status:

____ Separated ____/____/____

____ Unmarried (Single)

____ Divorced ____/____/____
Date

____ Married ____/____/____
Date

Widowed ____/____/____
Date

50. Spouse's name: _____

Occupation: _____ Employer: _____

51. Spouse's race or socially and economically disadvantaged status:

____ African/Black American ____ Asian-Pacific American ____ Hispanic American

____ Caucasian ____ Native American ____ Other Indicate _____

52. Does owner or spouse have an ownership interest in another business?

____ Yes ____ No (If Yes, please complete the following):

	1	2	3
Owner or Spouse name	_____	_____	_____
Firm Name	_____	_____	_____
Nature of other ownership interest	_____	_____	_____
Type of business	_____	_____	_____
Relationship to applicant business	_____	_____	_____
Percent of the business owned	_____	_____	_____

DOCUMENT CHECKLIST

Copies of the following documents must accompany this application. If not submitted, the application cannot be processed.

- _____ Attached Duties of Owners and Key Persons Form
- _____ Attached Corporation, Partnership and Limited Liability Company Key Persons Form
- _____ Applicant's driver's license and other legal identification showing citizenship or legal residency, race and gender
- _____ State Unified Business Identifier (UBI) Certificate
- _____ Partnership agreements and amendments
- _____ Limited Liability Company Agreement
- _____ Secretary of State Certificate of Incorporation/Limited Partnership/Limited Liability Company, as applicable
- _____ Articles of incorporation, bylaws, and minutes of organizational meeting or consent resolutions and most recent meeting of shareholders and directors
- _____ Most recent Annual Report – License Renewal Form
- _____ Stock certificates or Statement of Stock ownership and stock register
- _____ IRS Tax Identification Number Form
- _____ For each of the last three (3) years that firm has been in business:
 - _____ Federal Tax form 1065 (plus K (1)s) if partnership
 - _____ Federal Tax form 1120, if regular corporation
 - _____ Federal Tax form 1120S (plus K (1)s) if subchapter S corporation
 - _____ Schedule C, if sole proprietorship
- _____ Documentary proof (cancelled checks, bank deposit slips, etc.) of how this business was initially capitalized, amount of each owner's contribution of capital, and source of all capital
- _____ Current resume for all owners, owner's spouses, board members, partners, officers and other key personnel which shows:
 - a. Type of education and training received
 - b. Dates and places education and training was received
 - c. Dates and places of former employment
 - d. Title and duties performed in former employment
 - e. Dates and places of current employment
 - f. Title and duties performed in current employment
 - g. Past and present ownership of or affiliation with any business

Copies of the following documents must be submitted if they pertain to the applicant's business:

- _____ Small Business Administration 8(a) and/or other certification letters, if any
- _____ Rental, purchase, or lease agreement for business location
- _____ Rental, purchase, or lease agreement for vehicles and equipment
- _____ Contractor's or other professional licenses and permits
- _____ Management services or consultant agreement (1 each)
- _____ Franchise, manufacturer or distributor agreements
- _____ Credit, loan or other financial agreements
- _____ Agreements regarding status of property (separate property, community property, gifts, etc.)
- _____ List of equipment and vehicles used by the business
- _____ General indemnity agreement, surety bond and guaranty
- _____ Foreign (out of state) corporation must provide a certificate of authority to conduct business in Washington State.

Optional:

- _____ SEDBE Supplemental Form with supporting documents
- _____ SEDBE Personal Net Worth Form

NON-PARTICIPATION STATEMENT

State of: _____)
County of: _____) ss.

(Name) _____

And Name _____
being duly sworn upon oath state the following:

We are husband and wife. Only one spouse _____,
(Name)
participates in the management of _____
(Name of business entity)
located at (address) _____

The non-participating spouse relinquishes management control over his/her community property interest in the subject business.

We understand that "participates in the management" is defined as being an officer or director and/or performing day-to-day duties and functions required by the business, including, but not limited to being responsible for: payment of the company's debts; estimating; marketing and sales; hiring and firing of management personnel; authorizing the purchase of major items or supplies; supervision of field operations; making company policies; designating how profits are spent; negotiating and obligating the business by contract.

Wife's Signature: _____ Date: _____

Printed Name: _____

Husband's Signature: _____ Date: _____

Printed Name: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public in and for the State of:

Residing at: _____

My Commission expires: _____

State of _____)
County of _____) ss.

I, _____ being duly sworn upon oath state the following:
(Name)

I am the _____ of _____
(Title) (Name of business entity)

I hereby swear and affirm that the foregoing statements are true and correct, that these representations are accurate, current and complete, that all information herein furnished is not confidential except as may be specifically provided otherwise by state or federal law, that the agency to which this application is submitted is authorized to contact any companies or individuals listed herein and other government agencies are hereby authorized to furnish such verification and additional information. I understand that false statements, omissions, or material misrepresentations will be grounds for denial, decertification or termination of any contract which may be awarded and for initiating action under Federal, state and local laws.

I agree that, after filing this questionnaire, if there is any significant change in the information submitted, I will, within 30 days, inform the agency to which this application is submitted of the changes.

NOTICE TO ALL PERSONNEL ENGAGED ON FEDERAL-AID HIGHWAY PROJECTS: Title 18, United States Code, Section 1020, reads as follows: "...Whoever knowingly makes any false statement or false representation as to a material fact in any statement, certificate, or report submitted pursuant to provisions of the Federal-Aid Road Act approved July 1, 1916 (39 Stat.355), as amended and supplemented shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Owner's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public in and for the State of:

Residing at: _____

My Commission Expires: _____